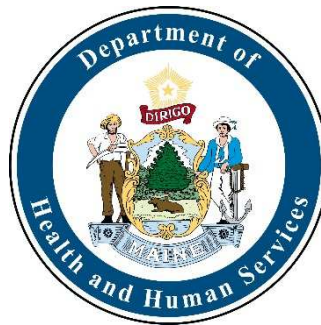


MaineMOM

Model of Care for Perinatal Patients with Opioid Use Disorder

MaineMOM Advisory Group & Clinical
Committee Meeting Materials

December 15, 2020



MaineMOM Contacts

Program Manager

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MaineMOM Webpage

<https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/maine-maternal-opioid-model>

This program is managed by the Office of MaineCare Services Value-Based Purchasing Unit and funded by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS).



MaineMOM Objectives

- Facilitate a “No wrong door” approach: screening, welcoming, and engaging women in care
- Support treatment and recovery of mothers with group-based Medication Assisted Treatment (MAT)
- Increase capacity of integrated teams to deliver evidence-based care, including through telehealth
- Coordinate care across the system and within the community
- Conduct a public outreach campaign aimed at increasing awareness of treatment and reducing stigma

MaineMOM Timeline

- January 2020 – June 2021 (Year 1): Plan and Design Services
 - Implement advisory structure to garner input and feedback from healthcare providers, community programs, and women in recovery
 - ★ Convene an Advisory Group of Women in Recovery, February 2021
 - Launch educational support and public outreach and awareness campaign
 - ★ Launch MaineMOM ECHO, March 2021 (Continuation of MaineHealth MOM ECHO Series)
 - ★ Start Communication & Outreach Vendor Contract, January 2021
- July 2021 – June 2022 (Year 2): Test and Implement MaineMOM Services
 - Summer 2021: Implement services at six partner organizations to test and improve services
 - Winter 2022: Incorporate services into MaineCare Benefits Manual
- July 2022 – June 2023 (Year 3): Expand Services
 - Implement services within other healthcare sites
- July 2023 – June 2025 (Year 4 & 5): Improve Services & Evaluate Outcomes

Maine's Plan of Safe Care

Maine's Plan of Safe Care for Infants, Mothers, Families and Other Caregivers

**Phase One Implementation Education and Training
January 2021**

Ashley Olen, BA, BSN, RN
Plan of Safe Care Nurse, Office of Child and Family Services



Maine's Plan of Safe Care

What is a Plan of Safe Care (POSC)?

- The United States federal government requires every state to design a **Plan of Safe Care** for infants with prenatal substance exposure and their mothers, families, and/or other caregivers.
- State welfare agencies are responsible for federal reporting but there is flexibility with who initiates the POSC process.
- A **Plan of Safe Care** may be created prenatally or immediately after birth. Best practice is to create the POSC with the family. **Phase One and Phase Two in Maine.*
- A **Plan of Safe Care** helps identify needed services/resources and define actions needed to align these. The POSC includes referrals to these services.
- A **Plan of Safe Care** functions to ensure the supported and ongoing *safety, well-being* and *best possible long-term health and developmental outcomes* for substance exposed infants and their mothers and families.

Maine's Plan of Safe Care

What a Plan of Safe Care IS NOT

- **IT IS NOT** a notification to the Department of Health and Human Services (DHHS) or Child Protective Services (CPS)
- **IT IS NOT** a Safety Plan, Family First Plan or a Family Team Meeting Plan
- **IT IS NOT** a Discharge Plan
- Creating a POSC **IS a proactive collaboration** between clinical and social services professionals and the family living with substance use disorder **which plays a role in keeping infants and families together.**

Maine's Plan of Safe Care

POSC Federal Data Reporting Requirements

- The number of infants identified as being affected by substance abuse, withdrawal symptoms, resulting from prenatal drug exposure or FASD.
- The number of infants for whom a Plan of Safe Care has been made.
- The number of infants for whom referrals were made for appropriate services for infants, including caregivers.



Maine's Plan of Safe Care

Who Needs a Plan of Safe Care and Why?

- Beginning January 1, 2021, a Plan of Safe Care will be created for **any infant substance exposed and/or affected and the surrounding family living with substance use disorder.**
- *A **Plan of Safe Care** is a component of CAPTA that requires various entities, including medical and clinical staff, delivery hospitals, and public health agencies to*
 - *collaborate*
 - *develop*
 - *update*
 - *implement*
 - *and monitor the POSC for infants and family members*



Maine's Plan of Safe Care

Implementing Maine's Plan of Safe Care 2021

Phase One (January 2021)

- Implementation at birth by hospital clinical staff; *provider, RN or Social Worker*. Hospital Dependent

Phase Two (late 2021-2022)

- Prenatal Implementation by *Prenatal Provider, Community Services or Peer Recovery Support*
 - Universal Plan of Safe Care for all newborns in Maine

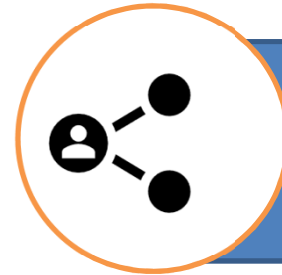
Plan of Safe Care Key Elements



**Best Practice to
Create Prenatally**



**Patient
Engagement**



**Built in
Collaboration**



**Independent of
OCFS Notification**

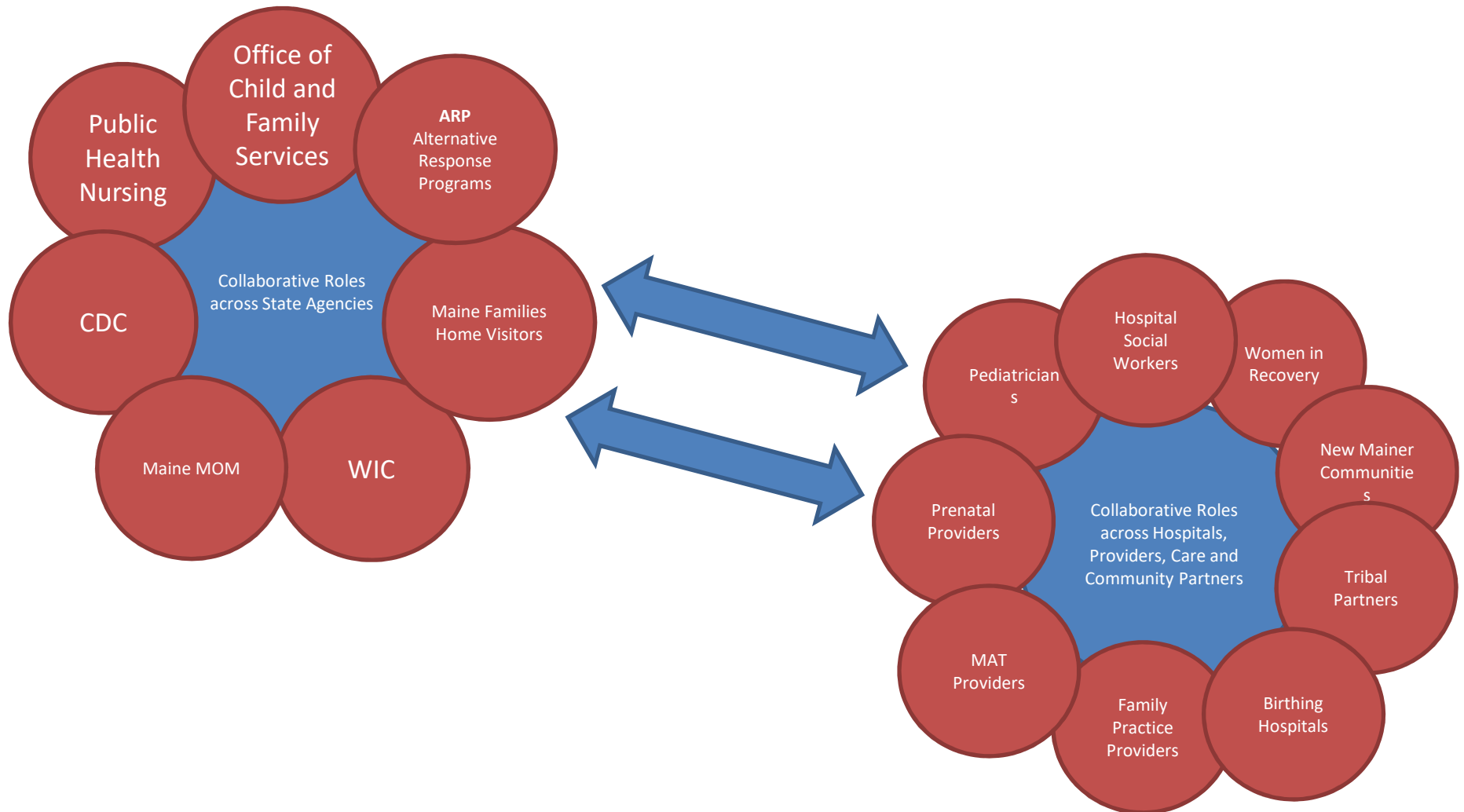


**Strength
Based**



**Accessible
to Patient**

Maine's Plan of Safe Care



Maine's Plan of Safe Care

Plan of Safe Care Focus Groups October 2020

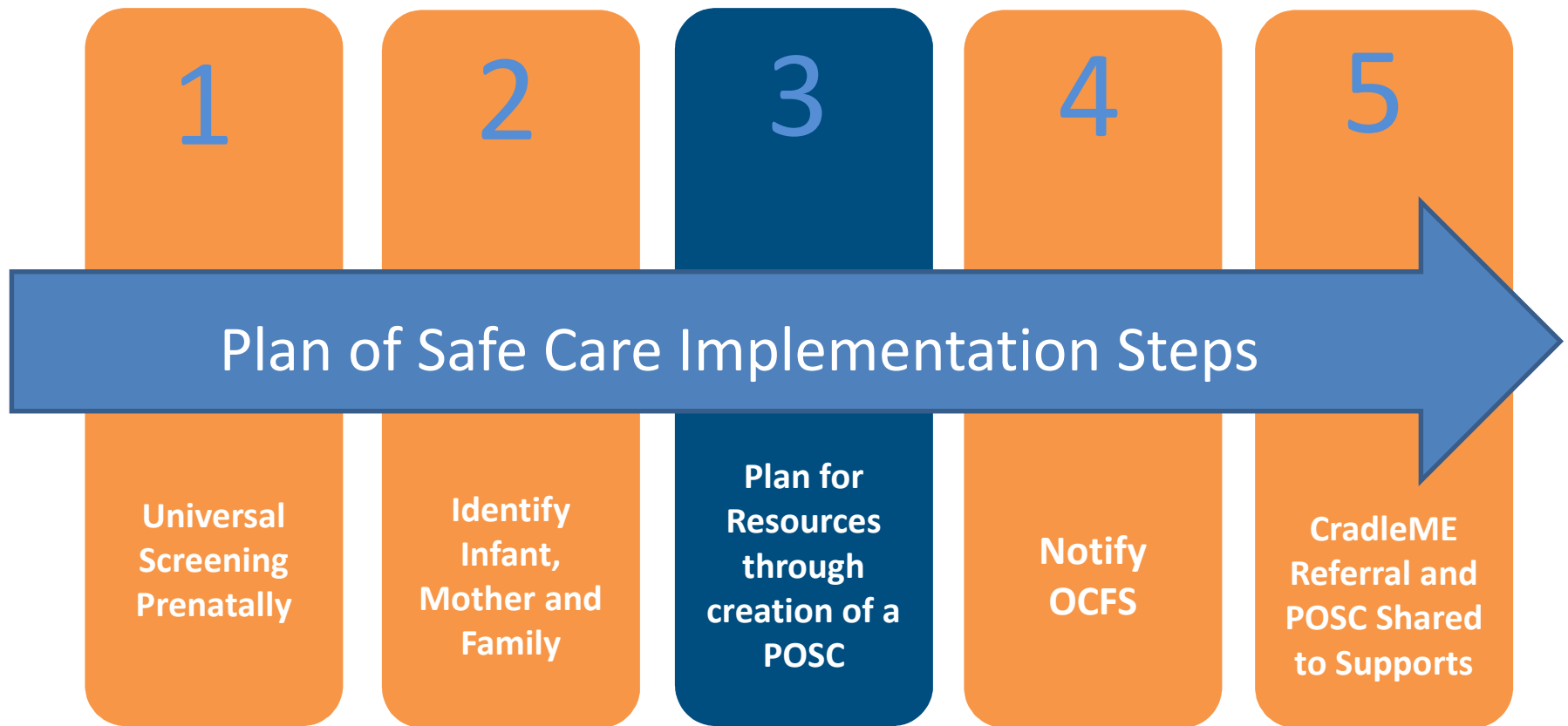
Collaboration between ME MOM, ME CDC and OCFS

- Focus Group participants were all female identifying mothers living with SUD.
- Participants also anonymously answered two surveys.
- Comments below were shared after the participants reviewed the POSC document.

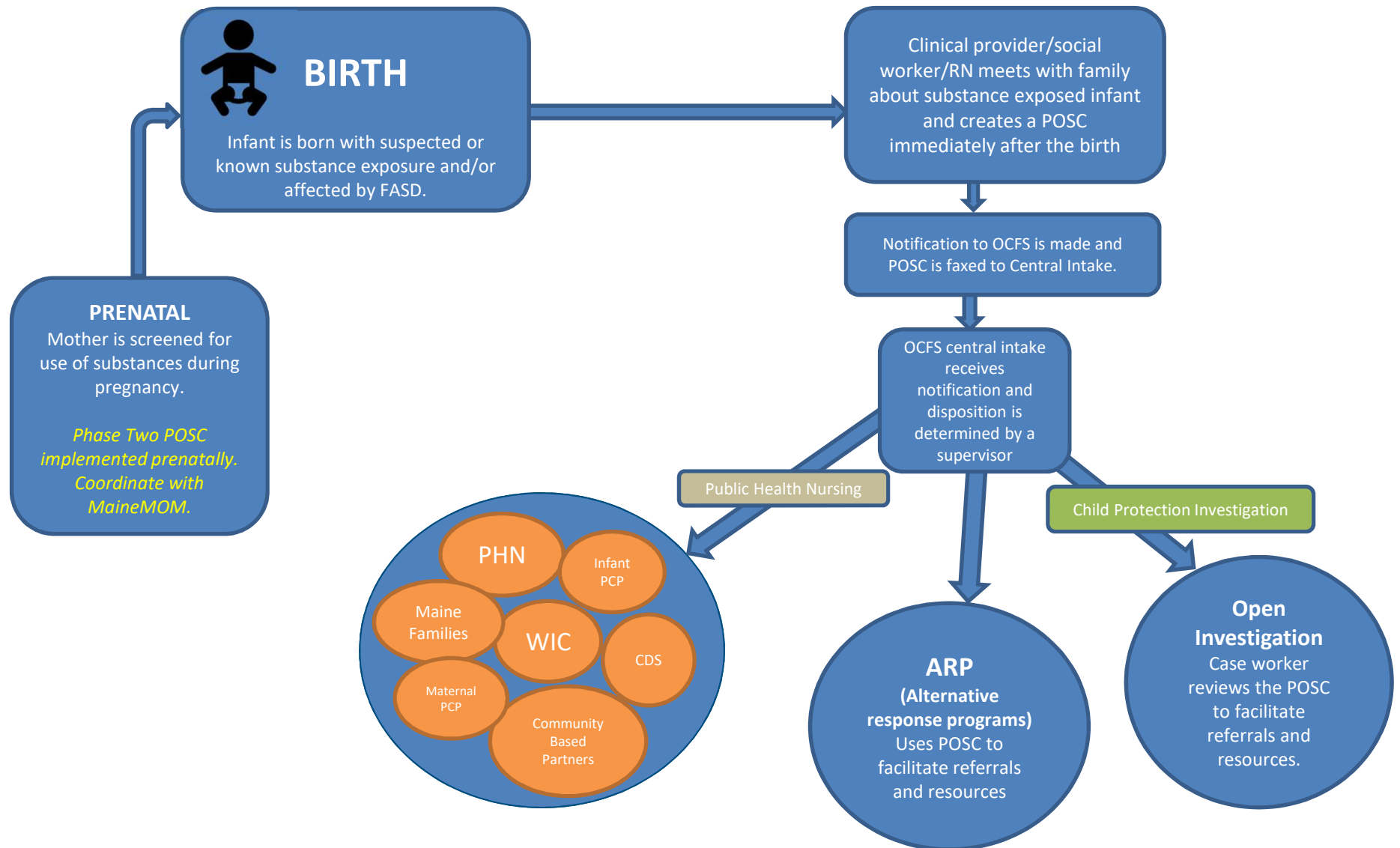
The focus group was led by Dara Fruchter, CDC, Ashley Olen, RN, OCFS, and Liz Remillard, ME MOM

- *If you have a closed case, does making a POSC mean you'll get an open case?*
- ***I wish I had this form during my last pregnancy.***
- *I'm excited to see this implemented, I wouldn't feel uncomfortable sharing my thoughts.*
- *Everyone on team supporting a pregnant woman living with SUD should have this.*
- ***Brilliant to do the POSC within the first 24 hours when you'll do whatever you can to support your baby.***
- *Having a discussion about the form (with someone) will provide more true answers than if I filled it out independently.*
- *This should be filled out during the first appointment with provider and/or a peer recovery person.*
- *Have repeated check-ins about the POSC throughout the pregnancy and postpartum.*
- ***I'm excited to see this in place for new moms and babies.***

Maine's Plan of Safe Care



Maine's Plan of Safe Care



Maine's Plan of Safe Care

Plan of Safe Care Documents

- Plan of Safe Care, *Mothers, Infants and Families*
- Plan of Safe Care, *Resource Families*



- Plan of Safe Care Checklist for POSC Creation
- Scripting for Hospital Staff



Maine's Plan of Safe Care

Women, Infants and Families in Maine

Plan of Safe Care

Maine's *Plan of Safe Care* will help the infant in your care, you and your family stay safe, healthy and connected. The *Plan of Safe Care* aligns medical, community and family supports and other services you may need, or currently have, with a variety of other available resources.

Mother and Infant		Today's date / /	
Mother's Name	Preferred Pronoun	DOB	/ /
Current Address			
Home Phone	Cell Phone	TXT	Yes or No
Medical Care Provider; Primary	Infant's Primary Provider established?	Yes	or No
Are you a part of a Native American community? Yes or No			
Other cultural group or community?			
Infant's Name	DOB / /	Sex: F or M	
Birth Location and Date of Infant Discharge			
Primary Care Provider, Pediatrician or Neonatologist:			
Does the infant have prenatal substance exposure? Yes or No			
Is the prenatal substance exposure the result of prescribed medication? Yes or No If yes, please list:			
Is there prenatal substance exposure <u>other than</u> prescribed medication? Yes or No If yes, please list:			
Is the infant experiencing any withdrawal symptoms or ongoing effects from prenatal exposure? Yes or No If yes, please list symptoms:			
Observe/Monitor for Fetal Alcohol Spectrum Disorder Yes or No			
Notes:			
CURRENT STRENGTHS AND SUPPORTS (e.g. partner/spouse, family/friends, counselor, spiritual faith/community, recovery community, etc.)			
NEEDED ASSISTANCE AND GOALS (e.g. parenting, housing, smoking cessation, childcare, financial, food and formula)			

I acknowledge I have participated in the development of this Plan of Safe Care (POSC). I have a copy of the POSC, I will share the POSC with my baby's primary care provider, and I understand the benefits my infant, myself and my family will gain with my follow-up connecting us to the services and supports listed above.

Signature: _____

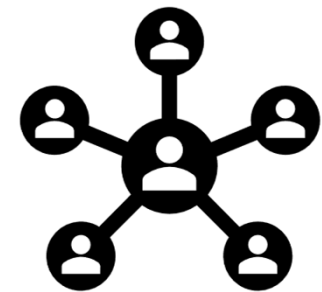
Date: _____

Medical and Social Services Resources Infant, Mother and Family	Current ly Receivi ng	Refer ral Need ed	N/ A	Date of Referral	Service Referrals; Organization and Contact (*Please note if client is considering a referral)
Consent to share Plan of Safe Care, releases signed					
Maternal Primary Care Provider or OB/GYN					
Health Insurance Enrollment (MaineCare, private, none)					
Dental Assistance					
Financial Assistance					
Housing Assistance					
WIC, Food and Nutrition-infant, mother and family (CradleME)					
Transportation Assistance					
Smoking and/or Vaping Cessation (circle)					
Tobacco Exposure Education					
Safe Sleep and Substance Exposed Infant Sleep Education					
Breastfeeding Support					
Eat, Sleep, Console (ESC) Education					
Public Health Nursing and/or Maine Families Home Visiting (CradleME)					
Reproductive Life Planning					
Child Development Services (CDS)					
Early Head Start					
Child Care Coordination and Financing (subsidies available) Newborn Care-Licensed Childcare Provider In-Home Child Care or Family Provided Child Care					
Parenting Class/Support Group/In-Home Parent Coaching (circle)					
Achieving Personal Safety: Crisis Advocacy and/or Domestic Violence					
Legal Assistance; PTLA.org; volunteer lawyers, sliding scale lawyers					
Family Recovery and/or Drug Court yes or no; county					
Mental/Behavioral Health Counseling					
Depression and/or Anxiety Screening/Postpartum Depression Screening					
Substance Use Counseling Treatment					
In-patient Residential Substance Use Recovery Program					
Intensive Outpatient Program (IOP)					
Naloxone Prescription/Kit					
Medication-assisted Treatment (MAT) Provider/Dosage/Prescription/Coordination					
Peer Recovery Coach and/or Community Support (i.e. AA or NA)					
Relapse Prevention Support Plan					

Maine's Plan of Safe Care

What do YOU need to do?

- Ask the family if they have made a Plan of Safe Care and to share the document with you
 - If they have not made a POSC yet, please discuss how they will need to create one. Let them know what it is and why they need one. Let them know Ashley Olen, the POSC RN will be in touch via phone to make a Plan of Safe Care
 - Email Ashley Olen to let her know that a POSC needs to be created for that family
- If they have a POSC, discuss and look over the POSC with them
- Discuss their POSC and support connecting them with resources they would like but have not been in touch with yet
- Discuss which resources they have connected with and how that is going.
- Update the paper copy of their POSC



For Phase Two, there will be a database/portal to update the POSC virtually- updates to come

Maine's Plan of Safe Care

Any updates or changes to the process will be updated to you via email.

Questions?

[ashley.olen@maine.gov](mailto:ashley olen@maine.gov)

Plan of Safe Care RN, Office of Child and Family Services

dara.fruchter@maine.gov

**Project Manager, Infant and Maternal Substance Use
Prevention Coordination Statewide**

MaineMOM Services



Group Counseling and Peer Support Services



Medication Assisted Treatment



Screening for health-related social needs



Referrals to and coordination with maternal and infant medical & supportive services



Supportive conversations about family planning and contraceptive care

Labor and Delivery

MaineMOM providers will partner with birthing hospitals that...

- Follow **Eat, Sleep, Console** approach, focusing on nonpharmacologic care and increasing family involvement in the care of their infant
- Use **evidence-based pain management protocols** sensitive to the unique needs of women living with OUD

Coordination of Care



Assess and Coordinate Access to...

- Obstetric health care and follow-up care;
- Primary care and family planning services postpartum;
- Infant pediatric care;
- Home visiting programs for prenatal and family development;
- Nutrition programs;
- Safe/affordable housing;
- Employment;
- Support for ongoing intimate partner violence;
- Community social, legal, medical, behavioral healthcare and transportation services;

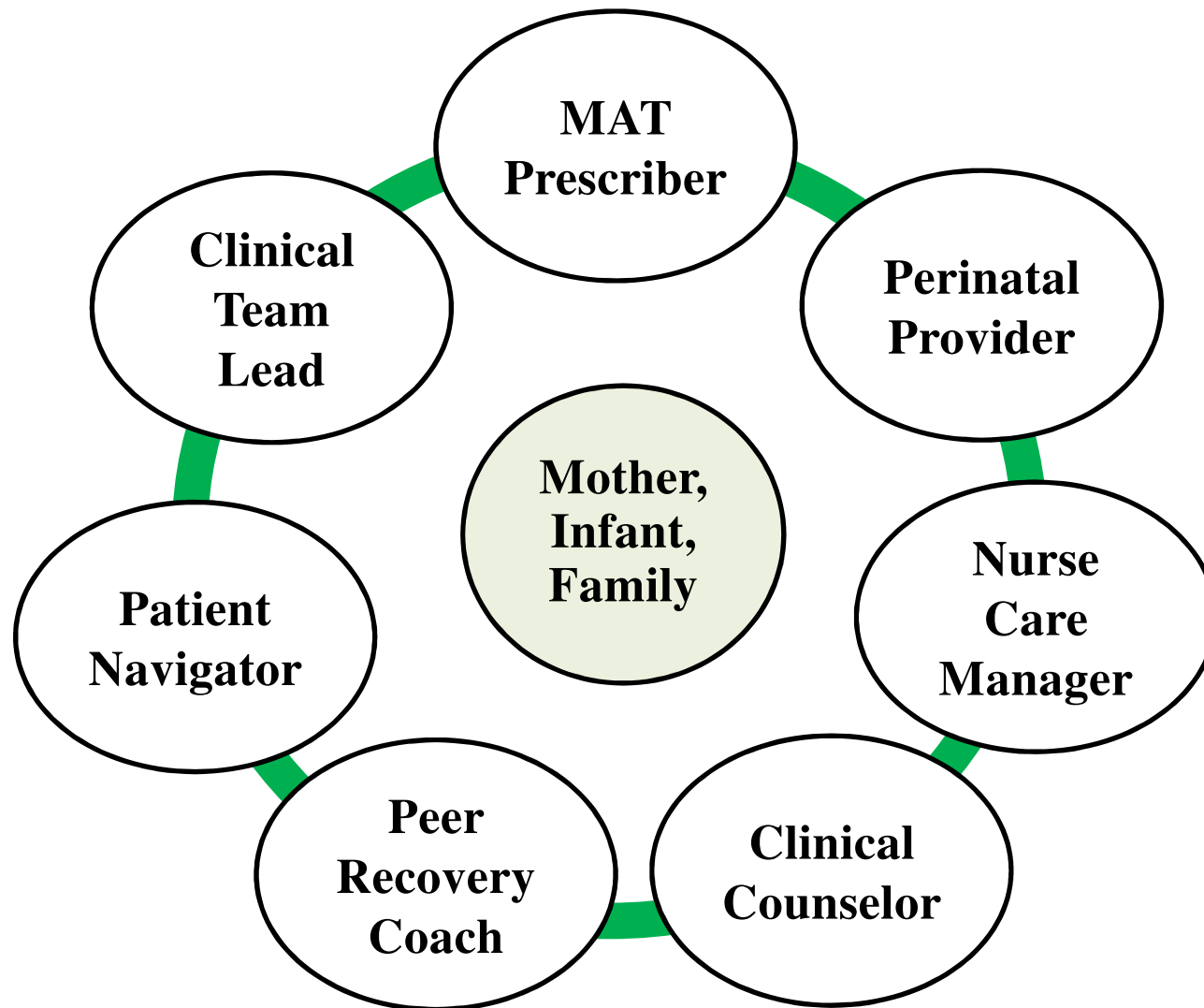
Maintaining frequent communication with other team providers to monitor health status, medical conditions, medications, and medication side effects.

Care Management



- Educate enrollees on the 1) monitoring the newborn for neonatal opioid withdrawal syndrome and the related extended newborn hospital stay; 2) mandatory notification to the Department of Health and Human Services of all infants born substance exposed; 3) process of developing and implementing a Plan of Safe Care for the substance exposed infant.
- Follow-up with each member following an inpatient hospitalization, use of crisis services, incarceration, or out-of-home placement; collaborate with these settings to offer efficient transitions.
- Ensure that the member remains engaged or re-engages in an appropriate level of care for opioid use disorder following an absence in treatment from MaineMOM services

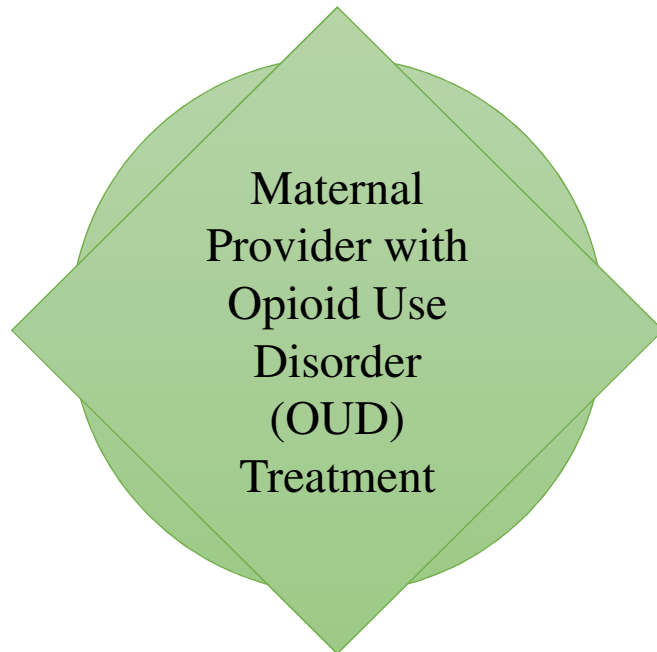
MaineMOM Patient Centered Team Based Care



Note: One clinician/team member can occupy more than one role on the team, as appropriate

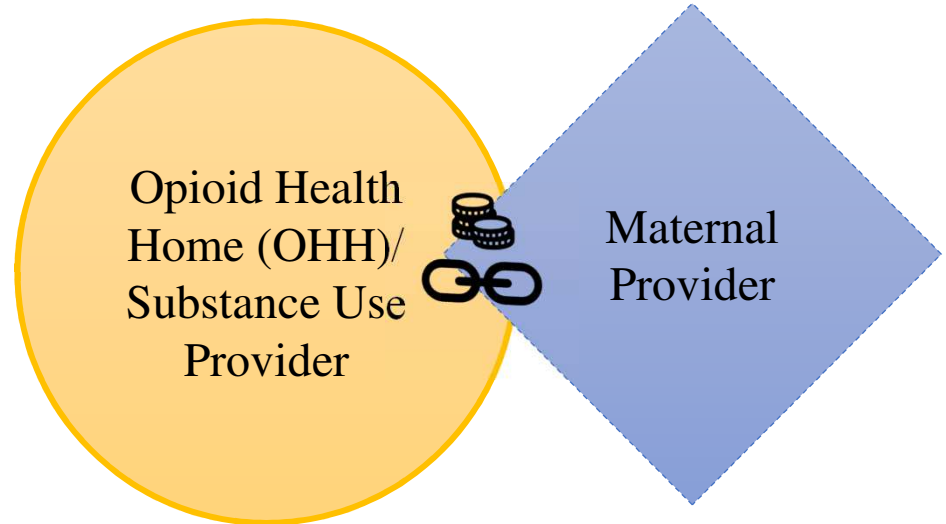
MaineMOM Provider & Infrastructure Options

Integrated MaineMOM Services:



- One site location, typically a maternal provider or Family Practice
- Offer the array of MaineMOM services with the full multidisciplinary team.

Coordinated MaineMOM Services:



- One organization will lead the care coordination, typically substance use treatment organization, family practice, behavioral health organization
- MaineMOM OUD services provided by OHH
- OHH to formally partner with at least one maternal provider (pass through payment)
- Communication between providers will be required to occur at regular intervals

MaineMOM Services Rate Structure

MaineMOM Services Reimbursed through a Per Member Per Month Rate	
<u>ODT Treatment Services</u>	<u>Care Management & Coordination Services</u>
MAT office visits	Assessment
Group counseling	Care coordination with needed services, especially prenatal and postpartum care
Urine drug screens*	Recovery coaching and patient navigation

Prenatal, Delivery, and Postpartum Services billed separately from MaineMOM Services

Prenatal and postpartum services (OB services) will be reimbursed as outlined in Section 90 of the MaineCare Benefits Manual; providers will continue to bill through a global charge or fee-for-service (FFS).

MaineMOM Rate and Service Development

January – June 2021

Receive approval from CMS on MaineMOM State Plan Amendment and care coordination rate

OB & OUD treatment services provided and reimbursed as usual (i.e. OB Bundles, OHH Per Member Per Month, and/or FFS)

July 2021 – Late Winter 2022

Submit MaineMOM MaineCare Benefits Manual rule for public comment and approval

OB & OUD Treatment services reimbursed as usual. (i.e. OB Bundles, OHH Per Member Per Month, and/or FFS)

Care Coordination Services reimbursed through Subrecipient Contracts

Late Winter 2022 & beyond

MaineMOM Services available for per member per month reimbursement

OB services reimbursed as usual. (i.e. OB Bundles and/or FFS)

ODU Treatment Services will be bundled into a Per Member Per Month Rate and to include reimbursement for care coordination and care management services (like OHH).

Checklist to Support Evidence Based OUD Treatment for Pregnant Women

Checklist to Support Evidence Based OUD Treatment for Pregnant Members

The following checklist intends to support healthcare teams in providing evidence based opioid use treatment for pregnant and postpartum patients. The checklist is divided into five sections, in order of activities at or close to the first visit, monitored at every visit, before expected delivery, at delivery, and during the postpartum follow up visits

At first visit
Screening:
<input type="checkbox"/> Screen for substance use disorder using 4 Ps or CRAFT (in private). Inquire about ongoing polysubstance use especially nicotine, marijuana, alcohol (CAGE) and stimulants.
<input type="checkbox"/> Use DSM-V to determine the presence of opioid use disorder (OUD) among other use disorders.
<input type="checkbox"/> Initiate buprenorphine based on diagnosis of OUD and patient consent for use during pregnancy. If the patient has had stable access to "street" buprenorphine, consider initiating at stated dose if less than 12 mgs. If induction required, follow this algorithm: Day 1. Confirm Opioid withdrawal using COWS . If score is 13+, prescribe loading dose of 4mg, followed by 2mg every 4-6 hours as needed. If score is 5-12, prescribe loading dose of 2 mg, followed by 2mg every 4-6 hours as needed. No more than 12mg should be administered on Day 1. If score is less than 5, symptoms may be managed adequately with supportive care and clonidine 0.1mg orally every 4-6 hours. Day 2. Total dose from day 1 should be administered as a single morning dose. An additional 2-4 mg of buprenorphine may be administered every 4 to 6 hours as needed up to 16 mg daily. Day 3 and beyond. Patient should be continued on day 2 daily dose as one dose in the morning. Incremental daily adjustments can be made but should typically not exceed 16 mg.
Review and sign:
<input type="checkbox"/> Related treatment contracts <input type="checkbox"/> Expectations around drug screening/pill counts
<input type="checkbox"/> Mandated notification of substance exposed infants to Maine Office of Child and Family Services
<input type="checkbox"/> Extended infant hospital stay to monitor (Eat, Sleep, Console) for neonatal abstinence syndrome (min. 5 days).
<input type="checkbox"/> Screen for social determinant of health needs using CMS tool . This screen includes questioning around intimate partner violence which is very common in women with OUD.
<input type="checkbox"/> Screen for co-occurring mental health disorders using PHQ-9 or other instruments including (CES-D), (MDQ), (EPDS)
<input type="checkbox"/> Screen for other substance use in home (very common for partners to be using) and refer for treatment as appropriate.
<input type="checkbox"/> Review PMP . A reminder that methadone dispensed at facilities that treat OUD is not included in the PMP.
<input type="checkbox"/> If the patient is physically dependent on alcohol and/or benzodiazepines, consider medically supervised inpatient detox. Consider inpatient hospitalization with ongoing daily use of these substances and/or past history of withdrawal symptoms.
Labs:
<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Sexually Transmitted Infections.
Consider additional testing for TB, Hepatitis A and B depending upon individual risk factors (e.g., history of incarceration, recent history/ongoing intravenous drug use). Consider vaccination as appropriate for Hepatitis A and B.
Prescriptions:
<input type="checkbox"/> Narcan <input type="checkbox"/> Buprenorphine (include diagnosis of pregnancy, OUD (F11.20) and, "Exemption D Chronic" on the prescription).
Either buprenorphine/naloxone or buprenorphine monotherapy can be used safely during pregnancy. The use of monotherapy requires a MaineCare prior authorization; combination therapy does not.

Monitoring at every visit:
<input type="checkbox"/> Screen for ongoing stability in substance use treatment and manage appropriately. Many pregnant patients require subtle buprenorphine dose increase (2-4 mgs total) during the second trimester. Counsel patients to report changes in withdrawal symptoms and/or cravings.
<input type="checkbox"/> Obtain drug screen at every appointment. Discuss unexpected results and/or any return to use.
<input type="checkbox"/> Screen for depression and mental health disorders (PHQ-9), (CES-D), (PCL-C), (MDQ), (EPDS). Monitor for stability if on pharmacologic agent (safest options in pregnancy include sertraline and bupropion) as appropriate. Encourage mental health counseling. Consider psychiatric referral as needed.
<input type="checkbox"/> Offer CradleME referral to WIC, Maine Families and Public Health Nurses
<input type="checkbox"/> Screen for intimate partner violence and review OCFS or Child Welfare referral and extended infant hospital stay at least once per trimester.
<input type="checkbox"/> Discuss postpartum contraception plans at least once per trimester. Long acting reversible contraception (Planned parenthood), (ACOG) is standard of care for all women of childbearing age. If permanent sterilization desired, ensure related documents are signed as appropriate.
<input type="checkbox"/> Anatomy ultrasound at 18-20 weeks followed by monthly growth ultrasound every four weeks thereafter.

Before delivery:
<input type="checkbox"/> Rescreen Hepatitis C, HIV and other labs as indicated by patient risk profile (e.g., ongoing drug use, multiple sexual partners). Hepatitis C viral loads are not necessary.

At delivery:
<input type="checkbox"/> Avoid stadol and nubain . <input type="checkbox"/> Avoid fetal scalp electrodes if maternal Hepatitis C or HIV.
<input type="checkbox"/> Patients should be continued on buprenorphine throughout the delivery hospitalization (including during a planned cesarean section). Pain management options are discussed here (Maine Opioid Response Clinical Advisory Committee Recommendations for Perioperative Pain Management)
<input type="checkbox"/> Notify Maine Office of Child and Family Services if infant is born substance exposed (State regulations)

Postpartum:
<input type="checkbox"/> Screen for return to use, changes in mental health status.
<input type="checkbox"/> Combination product should be used after deliver and is compatible with breastfeeding
<input type="checkbox"/> Discuss contraception.
<input type="checkbox"/> Plan of Safe Care/CradleME
<input type="checkbox"/> Narcan prescription

NOTE: A list of key provider and patient resources will be available on the MaineCare MaineMOM Website – link forthcoming.

Connecting with Opportunities Initiative

*Maine's National Health Emergency Dislocated
Worker Grant focused on the Opioid epidemic*





Goals of this session

Today, we will explain:

- What the *Connecting with Opportunities* Initiative is
- Who this grant can serve
- Who the service providers are and where they are located
- How you can get involved
- Answer any questions you have



BACKGROUND:

*In 2017, the U.S. Department of Health and Human Services declared the **opioid crisis** a national public health emergency.*

This made funds available to states to support workforce needs that have arisen from this crisis.

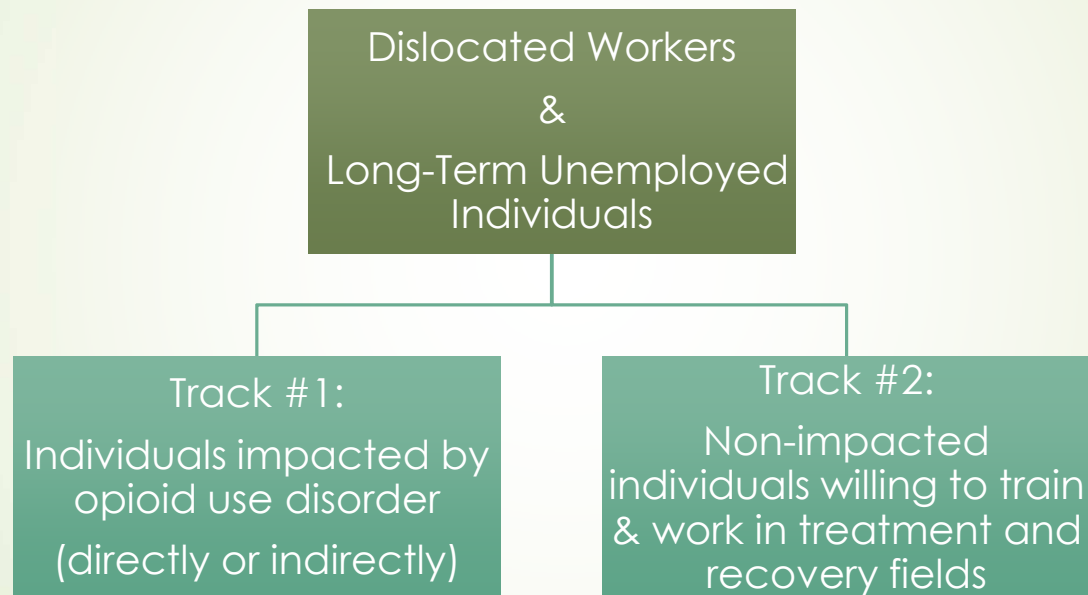


Statewide Overview:

- U.S. Department of Labor funded grant under the National Emergency Grant program
- 2 years: up to \$6,281,891 statewide
- Aim to serve 683 people statewide
- CORE GOAL: Provide services to help individuals gain economic stability through employment, education and/or training.



Who is eligible to participate?





Two Main Tracks:

Dislocated Workers or Long-term unemployed individuals (*27 weeks or longer*), who:

- TRACK 1: Have been impacted by the opioid epidemic – either directly or indirectly (*family/friends*)
- TRACK 2: Would like to go into occupational fields related to substance use disorder/recovery, such as counseling, addiction treatment and mental health care



Impacted by the opioid crisis?


“Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use?”

Please answer “Yes” or “No.”



What
services can
this grant
provide?

- One-on-one career guidance
- Assistance with education, training, skills development and the job search process
- Case management services
- Financial assistance with training, education and supportive services – supportive services might include transportation, child care, tuition, dental care, for example
- Help to address some of life's needs and challenges
- Support from Peer Connectors



What do services look like?

All clients are matched with a fully trained and supportive Workforce professional that guides and support clients throughout their involvement in the program.

First Steps:

- Application for Services
- Eligibility determination
- Comprehensive assessment
- Development of an individualized employment plan





Peer Connectors

- Individuals with “lived experience” of substance use disorder and recovery are hired for up to twelve months of employment in positions directly related to alleviating challenges of the opioid crisis.
- *Peer Connectors* will be liaisons, primarily providing outreach to individuals in recovery about services AND providing support and encouragement to participants enrolled in the grant.
- These individuals will be enrolled and receiving services themselves.



Service-providers – STATEWIDE:

- *Workforce Solutions*: <https://www.workforcesolutionsme.org/>
CONTACT: Gerry Corcoran, 207-274-3305, Gerry.corcoran@goodwillnne.org
Cumberland, Knox, Lincoln, Sagadahoc, Waldo and York County residents
- *Eastern Maine Development Corporation (EMDC)*: <https://www.emdc.org/>
CONTACT: Doug Dunbar, 207-299-5626, OpportunityGrant@emdc.org
Hancock, Penobscot, Piscataquis and Washington County residents
Androscoggin, Franklin, Kennebec, Oxford and Somerset County residents
- *Aroostook County Action Program (ACAP)*: <https://www.acap-me.org/>
CONTACT: Meghan O'Berry, 207-554-4154, moberry@acap-me.org
Aroostook County Residents

A Newton's cradle with five visible silver spheres hanging from thin chains. The spheres are arranged in a horizontal line. The first sphere on the left is partially cut off by the edge of the frame. The second sphere contains the word 'Who', the third 'Where', the fourth 'When', the fifth 'How', and the sixth 'Why'. The background is a light gray gradient. On the left side, there are two red arrow-like shapes pointing right, one above the other. The entire image is framed by a light green border at the top and bottom, and a dark green border on the left side.

Any questions?

What

Who

Where

When

How

Why

CradleME Referral System



CradleME

A Referral System
for All Birthing Families
in Maine

Call: 1-888-644-1130

Fax: 207-287-4577

If you are pregnant or have a new baby, CradleME services are available for free. CradleME referrals currently include, referrals to Public Health Nursing, Maine Families, and WIC. CradleME helps connect you with the right home-based services for you and your baby. CradleME is a partnership between two programs: Public Health Nursing and Maine Families.

<http://cradleme.org/>